



**UNIVERSITY OF TORONTO**  
**FACULTY OF MEDICINE**

**MIL User Information Form for University of Toronto**

Please fill out the form below and once completed submit to [ashley.muncaster@utoronto.ca](mailto:ashley.muncaster@utoronto.ca)

SUPERVISOR	
<b>First Name</b> _____	<b>Surname</b> _____
<b>Department</b> _____	
<b>Address</b> _____	
_____	
<b>Phone</b> _____	
<b>Email</b> _____	
<b>*Signature</b> _____	

USER or STUDENT	
<b>First Name</b> _____	<b>Surname</b> _____
<b>Department</b> _____	
<b>Address</b> _____	
_____	
<b>Phone</b> _____	
<b>Email</b> _____	
<b>*Signature</b> _____	

U of T ACCOUNTING INFORMATION (FIS) and DEPARTMENT FINANCE/BUSINESS OFFICE INFORMATION <b>(Required)</b>	
<b>CC</b> _____	<b>Name</b> _____
<b>FUND</b> _____	<b>Phone</b> _____
<b>CFC</b> _____	<b>Email</b> _____
<b>Please advise the mailing address if your supervisor does not have the University of Toronto's Accounting information.</b>	
_____	

**\*Please be advised that the following policies are in place for ALL microscopes.**

Users can cancel time slots up to 1 hour before scheduled usage. There will be an administrative charge of the instrument rate per hour booked if your slot is not used and not cancelled within 1 hour.

**For Office Use Only**

Date received \_\_\_\_\_ BML \_\_\_\_\_ Signature \_\_\_\_\_

GL \_\_\_\_\_ Tax Code \_\_\_\_\_